	in this information to										
De	btor 1	Sandra A. B	anks-Eldridge			_					
	btor 2 ouse, if filing)										
Un	ited States Bankrupt	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	١	_					
Ca	se number 18-	11830					Chec	k if this is:			
(If k	nown)			-			■ A	n amende	ed filing		
										g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					N	IM / DD/ Y	YYYY		
S	chedule I: `	Your Inc	ome								12/1
spo	ouse. If you are sep- uch a separate shee	arated and you	are married and not fili ir spouse is not filing w On the top of any additi	ith you, do not inclu	de infori	mati	on about	your spo	ouse. If mo	ore space is	needed,
1.	Fill in your emploinformation.	oyment		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed	■ Employed			☐ Employed			
			Employment status	☐ Not employed				☐ Not employed			
			Occupation	Disabled							
	Include part-time, self-employed wor		Employer's name								
	Occupation may in or homemaker, if i		Employer's address								
			How long employed t	here?				_			
Pa	rt 2: Give Det	tails About Moi	nthly Income								
	imate monthly inco		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing se space, attach a se		ore than one employer, co	ombine the informatio	n for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the month		2.	\$		0.00	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross I	Income. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	otor 1	Sandra A. Banks-Eldridge	-	(Case numb	oer (if ki	nown)	18-118	830		
	Cor	by line 4 here	4.		For Deb		0.00		ebtor :	2 or pouse N/A	
	·	*	4.		Ψ		.00	Ψ		IN/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58		\$		0.00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5t		\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	50 50		\$		0.00	\$		N/A N/A	_
	5f.	Domestic support obligations	5f		\$		0.00	\$ 		N/A N/A	-
	5g.	Union dues	50		\$		0.00	\$		N/A	_
	5h.	Other deductions. Specify:	-	h.+	\$			+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$		0.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	(0.00	\$		N/A	-
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0,	0	\$			c		NI/A	
	8b.	monthly net income. Interest and dividends	8a 8b		\$		0.00	\$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00	\$ \$		N/A	-
	8d.		80		\$		0.00	\$		N/A	_
	8e.	Social Security	86		\$	2,392		\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$		0.00	\$		N/A	_
	8g.	Pension or retirement income	80	-	\$	1,562				N/A	-
	8h.	Other monthly income. Specify:	_ 01	h.+ 	Φ		0.00	+ •		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		.	3,954	1.74	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3 95	4.74	+ \$		N/A	= \$	3,954.74
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			0,00				14/7		0,004.14
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep						chedule 11.		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	3,954.74
13.	Do	you expect an increase or decrease within the year after you file this form	?						L	Combin monthl	ned y income
		No.									

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:			
Deb	otor 1 Sandra A. Banks-Eldridge	Che	ck if this is:	
			An amended filing	
	otor 2			ving postpetition chapter
(Spo	ouse, if filing)		13 expenses as of	the following date:
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA		MM / DD / YYYY	
	enumber 18-11830 (nown)			
Oi	fficial Form 106J			
So	chedule J: Your Expenses			12/15
Be info	as complete and accurate as possible. If two married people are filing to ormation. If more space is needed, attach another sheet to this form. On mber (if known). Answer every question.			
Par				
1.	Is this a joint case?			
	No. Go to line 2.			
	Yes. Does Debtor 2 live in a separate household?			
	□ No □ You Debter 2 must file Official Form 106 L2. Evpenses for Sense	rata Hayaahald of Dah	tor 2	
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separ	ate Household of Deb	tor 2.	
2.	Do you have dependents? ■ No			
		lent's relationship to 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the			□ No
	dependents names.			☐ Yes
				□ No
			_	☐ Yes ☐ No
				☐ Yes
				□ No
				☐ Yes
3.	Do your expenses include expenses of people other than			
	yourself and your dependents?			
Dor	# Or Festimate Value Ongoing Monthly Evyponess			
exp	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you are us benses as of a date after the bankruptcy is filed. If this is a supplemental plicable date.			
	lude expenses paid for with non-cash government assistance if you kno value of such assistance and have included it on Schedule I: Your Incomp			
	ficial Form 106I.)		Your exp	enses
4.	The rental or home ownership expenses for your residence. Include firs payments and any rent for the ground or lot.	st mortgage	S	1,105.44
	If not included in line 4:			
	As Peoplestate taxes	40 0	•	0.00
	4a. Real estate taxes4b. Property, homeowner's, or renter's insurance	4a. \$ 4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses	4c. \$		0.00
	4d. Homeowner's association or condominium dues	4d. \$		110.00
5.	Additional mortgage payments for your residence, such as home equity	loans 5. S	3	0.00

Debtor 1	Sandra A. Banks-Eldridge	Case number (if	f known)	18-11830
6. Util	ities:			
6a.	Electricity, heat, natural gas	6a. \$		380.00
6b.	Water, sewer, garbage collection	6b. \$ ⁻		62.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$		340.00
6d.	Other. Specify:	6d. \$		0.00
7. Fo c	d and housekeeping supplies	7. \$		650.00
	Idcare and children's education costs	8. \$		0.00
9. Clo	thing, laundry, and dry cleaning	9. \$		0.00
10. Per	sonal care products and services	10. \$		0.00
	dical and dental expenses	11. \$		150.00
	nsportation. Include gas, maintenance, bus or train fare.	, -		100.00
	not include car payments.	12. \$		50.00
13. Ent	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$		30.00
14. Cha	ritable contributions and religious donations	14. \$		0.00
15. Ins		_		
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	. Life insurance	15a. \$ _		215.25
15b	. Health insurance	15b. \$		180.00
15c	. Vehicle insurance	15c. \$ ¯		135.00
15d	. Other insurance. Specify:	15d. \$		0.00
16. Tax	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	cify:	16. \$		0.00
	allment or lease payments:			
17a	. Car payments for Vehicle 1	17a. \$ _		0.00
	. Car payments for Vehicle 2	17b. \$		0.00
17c	. Other. Specify:	17c. \$		0.00
17d	Other. Specify:	17d. \$		0.00
	r payments of alimony, maintenance, and support that you did not report a			0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I)			0.00
	er payments you make to support others who do not live with you.	\$_		0.00
	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Sch		псоте.	
	. Mortgages on other property	20a. \$		0.00
	. Real estate taxes	20b. \$		0.00
20c	. Property, homeowner's, or renter's insurance	20c. \$ _		0.00
20d	. Maintenance, repair, and upkeep expenses	20d. \$ _		0.00
20e	. Homeowner's association or condominium dues	20e. \$		0.00
21. Oth	er: Specify:	21+\$_		0.00
22 Cal	culate your monthly expenses			
	. Add lines 4 through 21.	\$		3,407.69
	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2			3,407.09
220	. Add line 22a and 22b. The result is your monthly expenses.	\$		3,407.69
23. Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$		3,954.74
	. Copy your monthly expenses from line 22c above.	23b\$		3,407.69
200		_55.		<u> </u>
23c	. Subtract your monthly expenses from your monthly income.			
_50	The result is your <i>monthly net income</i> .	23c. \$		547.05
	- 7 7			
04 0-				
For	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect yo ification to the terms of your mortgage?			e or decrease because of a
For	example, do you expect to finish paying for your car loan within the year or do you expect yo ification to the terms of your mortgage?			e or decrease because of a